

CLASSIFICATION

## MEMORANDUM FOR THE RECORD

DATE

SUBJECT

OGC Has Reviewed

FILE NUMBER

## DESIGNATION OF BENEFICIARY

Group Contract(s) No(s).

Protected Person's Certificate No(s).

Name of Policyholder

Subject to the terms of the above Group Contract(s), between United Benefit Life Insurance Company and said policyholder, I request that the following beneficiary(ies) be substituted under said contract(s) as my designated beneficiary(ies), in lieu of any and all beneficiaries previously named by me:

NAME OF BENEFICIARY

RELATED TO ME AS

ADDRESS OF BENEFICIARY

Wife

75%

Daughter

25%

(IF MORE THAN ONE NAMED, THE BENEFICIARIES SHALL SHARE EQUALLY UNLESS OTHERWISE STATED ABOVE.)

Unless otherwise above expressly provided, if any beneficiary above designated predeceases me the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives me the beneficiary shall be determined as prescribed in said Group Contract(s).

If this Designation of Beneficiary refers only to a Group Life Insurance contract and if I am insured also under a Group Death and Dismemberment Insurance contract issued by United Benefit Life Insurance Company, this designation shall apply to both contracts unless I make a separate designation on or after the date of this designation.

This Designation of Beneficiary is subject to change as provided in said Group Contract(s).

WITNESS

Date of Protected Person's signature

7 Sept. 1973

OFFICE AND TITLE

SIGNATURE

CLASSIFICATION

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

**Group Insurance - Request for Change of Beneficiary and/or Change of Name**  
(For Life Insurance or Accidental Death and Dismemberment Insurance or Both, as Specified Herein)  
It is requested that the following changes be made on the records maintained in connection with the insurance of the Insured named below and in accordance with the Group Policy provisions.

25X1A NAME OF INSURED \_\_\_\_\_ CERTIFICATE NO(S) \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

NAME OF GROUP \_\_\_\_\_ POLICY NO(S) \_\_\_\_\_

SECTION I — CHANGE OF BENEFICIARY

25X1A PROPOSED BENEFICIARY(IES) \_\_\_\_\_

\_\_\_\_\_ 20760 75%  
\_\_\_\_\_ 25%

(Show Relationship to Insured only when there is a Kinship either by Descent or Marriage)

(Beneficiary's Address if other than that of Insured)

Subject to the right of the Insured to change the beneficiary in accordance with the policy provisions. If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the Insured. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

SECTION II — CHANGE OF NAME

FROM \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

TO \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

BY REASON OF (CHECK ONE BOX) ☐ MARRIAGE ☐ COURT ORDER DATE \_\_\_\_\_

SECTION III — INSURED'S AUTHORIZATION

25X1A SIGNATURE OF INSURED \_\_\_\_\_ DATE 7 September 1973  
(Insured's Signature) (Notary Public)

SIGNATURE OF WITNESS \_\_\_\_\_  
(Witness need not be a Notary Public)

ADDRESS OF WITNESS \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE

CONFIRMATION:

The change(s) requested above have been recorded and are effective as provided in the policy.

Approved For Release 2002/01/09 : CIA-RDP75-00793R000300120002-2

DATE OF ENTRY \_\_\_\_\_ ENDORSED BY \_\_\_\_\_

SECRET

OGC 71-0516

8 April 1971

MEMORANDUM FOR: Director of Personnel

ATTENTION

: Messrs. [REDACTED]

25X1A

SUBJECT

: Designation of Life Insurance Beneficiaries —

25X1A

[REDACTED]

25X1A

25X1A

1. This is to confirm the arrangement worked out at the conference today among Messrs. [REDACTED] and [REDACTED] and a telephone conversation with [REDACTED] attorney.

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2. I read to [REDACTED] the gist of the attached draft letter of 8 April for [REDACTED] signature which we proposed to be signed by [REDACTED] in discharge of the obligations concerning designation of beneficiaries which are imposed on him by paragraph 4. b. of the separation agreement. [REDACTED] thought the letter entirely satisfactory and [REDACTED] is to see [REDACTED] on 13 April and deliver to him at that time the signed original of the letter. [REDACTED] may want to propose some changes in the letter but if he does not, it would be signed and accepted as is.

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3. [REDACTED] also pointed out the dilemma with which he is faced. He is to certify to [REDACTED] attorney concerning the action which [REDACTED] has taken realizing that the actions by [REDACTED] do not amount to "irrevocable" designations; I assume he will indicate to [REDACTED] attorney that [REDACTED] has informed him that [REDACTED] employer indicates complete compliance with paragraph 4. b. cannot be done. He would hope that we will take what steps can be taken to make certain that Mr. [REDACTED] does not change his designations. I made no commitment in this regard.

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[REDACTED]  
Associate General Counsel

Attachment

25X1A

cc: [REDACTED]

SECRET

April 8, 1971

25X1A

25X1A

[REDACTED]  
22030

Dear John:

Confirming my oral advice to you, this is to inform you that I have filed with my employer written designations of beneficiaries with respect to the three life insurance policies referred to in paragraph 4.b. of the separation agreement between me and [REDACTED] which was signed on September 28, 1970. [REDACTED] is designated as a beneficiary for one-fourth of the face amount of each policy. Our daughter, [REDACTED] also is designated as a beneficiary for one-fourth of the face amount of each of the three policies.

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Yours very truly,

[REDACTED]

25X1A

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL SECRET
OFFICIAL ROUTING SLIP	
TO	NAME AND ADDRESS DATE INITIALS
1	[REDACTED] [REDACTED] [REDACTED]
2	
3	
4	Suggest to WOB that we
5	do nothing.
6	
ACTION	DIRECT REPLY PREPARE REPLY
APPROVAL	DISPATCH RECOMMENDATION
COMMENT	FILE RETURN
CONCURRENCE	INFORMATION SIGNATURE
Remarks:	
<p>Dick:</p> <p>Attached is a copy of your memorandum of 8 April 1971 concerning the insurance problems associated with [REDACTED] divorce.</p> <p>[REDACTED] has signed change of beneficiary forms for UBLIC and WAEPA with us. Copies of these changes are also attached for your information. What do we do now? Arnold is retiring and exit processing 25 October.</p>	
FOLD HERE TO RETURN TO SENDER	
FROM: NAME ADDRESS AND PHONE NO.	DATE
[REDACTED] /IB 406 MAG [REDACTED]	24 Oct 73
UNCLASSIFIED	CONFIDENTIAL SECRET
FORM NO. 1-67 237	Use previous editions (40)

NOTE ATTACHED TO MEMORANDUM FOR THE RECORD